UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW HAMPSHIRE

IN RE:	)	**MDL NO. 2753**
ATRIUM MEDICAL CORP. C-QUR MESH PRODUCTS LIABILITY LITIGATION	)	**MDL Docket No. 1:16-md-02753-LM**
	)	**ALL CASES**

PLAINTIFFS' AND DEFENDANTS' JOINT AGENDA FOR THE STATUS CONFERENCE SCHEDULED FOR AUGUST 16, 2018

Now come the parties in the above-entitled multidistrict litigation and jointly submit the below agenda items, with a brief description of the items at issue, in preparation for the Status Conference to be held on August 16, 2018:

AGENDA

1. **Notice of Initial Discovery Pool Selections**: In accordance with Case Management Order No. 3H, the parties selected sixteen (16) plaintiffs for inclusion into the Initial Bellwether Pool and have filed on this day a notice with the Court identifying those plaintiffs. One of Defendants' selection was *Tammy Moore v. Atrium Medical Corporation, et al.*, Case No. 1:18-cv-00010-LM, whom Plaintiffs have since informed Defendants have a case pending in *In RE: Ethicon Physiomesh Flexible Composite Hernia Mesh Products Liability Litigation*; MDL 2782; Case No. 1:17-md-02782-RWS; Northern District of Georgia. Plaintiffs do not oppose the selection of the *Moore* case for inclusion into the Initial Discovery Pool, but take the position that it is unsuitable for selection into the Trial Pool Cases because of the pendency Plaintiff Tammy Moore's case against in *In RE: Ethicon Physiomesh Flexible Composite Hernia Mesh Products Liability Litigation*; MDL 2782;

Case No. 1:17-md-02782-RWS; Northern District of Georgia. Plaintiffs reserve the right to move to strike it if Defendants select the *Moore* case as one of its Trial Pool Case selections. Defendants contest Plaintiffs' contention that there is anything unsuitable or improper about the selection of the *Moore* matter into the Initial Discovery Pool or the Trial Pool Cases based on Ms. Moore having another lawsuit pending against another defendant in a separate court, and object to any reservation of a purported right to move to strike Defendants' selection on that ground.

2. **Motion to Extend Jurisdictional Discovery and Briefing**: The parties have this day filed a Joint Motion to Amend the Procedural Order and to Extend Deadlines for Jurisdictional Discovery and Briefing implementing the following deadlines:

    a. Jurisdictional Discovery Deadline: August 31, 2018;

    b. Getinge AB to file motion to dismiss on or before September 28, 2018;

    c. Plaintiffs to file opposition on or before October 29, 2018;

    d. Getinge AB to file reply on or before November 12, 2018; and

    e. Plaintiffs to file surreply, if necessary, on or before November 19, 2018.

    As noted in the Joint Motion, this extension was contemplated by the parties and raised to the Court in the parties' Joint Agenda for the Status Conference Scheduled for June 14, 2018—dated June 7, 2018 (ECF No. 663). *See* ECF No. 663 at p.2; *see also* Tr. of June 14, 2018 Status Conference, Ex. A., at 30:22-25; 31:1-20 (discussing potential joint proposed scheduling order to extend jurisdictional discovery).

    The parties note that on August 7, 2018, counsel for Getinge first advised plaintiffs of its intention to call experts relating to personal jurisdiction issues. Plaintiffs do not believe that expert testimony is necessary or helpful to the process and given the late date reserve

their right to move to strike any such expert that this called in addition to preserving all other rights vis-à-vis experts. Plaintiffs further reserve the right to call expert witnesses of their own to rebut Defendants' experts. Counsel for Getinge is not yet certain whether expert testimony will be necessary to help the Court resolve issues of personal jurisdiction over Getinge AB, but are making expert disclosures in advance of filing the brief so that there is no unfair prejudice to Plaintiffs about the opinion testimony counsel *might* introduce in connection with the motion.

3. **Amendment of the Plaintiff Fact Sheet**: The parties have noted an ambiguous instruction in Section V. E. of the Plaintiff Fact Sheet (Amended Case Management Order No. 3G, Exh. C, ECF No. 415). It currently states, "To the extent not already provided … provide the … provider from which you have received medical advice and/or treatment for the past **twenty (10) years**. . . ." (emphasis added). The parties request entry of the attached corrected version, which states, "To the extent not already provided … provide the … provider from which you have received medical advice and/or treatment for the past ten (10) years. . . ."

4. **Production of Voluntary Reporter Information**: Defendants have approached Plaintiffs concerning a compromise for the production of documents requiring voluntary reporter redactions pursuant to 21 C.F.R. 20.63(f). The parties continue to meet and confer, and are optimistic that agreement on this issue will be reached. However, if the parties are unable to reach a consensus, counsel will raise the issue with Court pursuant to the provisions of Amended Case Management Order 3 (Doc No.595).

Dated: August 9, 2018

Respectfully submitted,

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FOR THE DISTRICT OF NEW HAMPSHIRE

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ATRIUM MEDICAL CORP. C-QUR MESH PRODUCTS LIABILITY LITIGATION	)	**MDL Docket No. 1:16-md-02753-LM**
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PLAINTIFF FACT SHEET

Each plaintiff who allegedly suffered injury as a result of a C-QUR™ Mesh Product must complete this Plaintiff Fact Sheet. In completing this Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. Please answer every question to the best of your knowledge. Do not leave any blanks throughout this Fact Sheet. If you cannot recall all of the details requested, please provide as much information as you can and then state that your answer is incomplete and explain why as appropriate. If you select an "I Don't Know" answer, please state all that you do know about that subject. If you do not have room in the space provided to complete an answer, please attach as many sheets of paper as necessary to fully answer the questions set out below. If you are completing the Fact Sheet for someone who has died or who cannot complete the Fact Sheet him/herself, please answer as completely as you can.

The Fact Sheet shall be completed in accordance with the requirements and guidelines set forth in the applicable Case Management Order. A completed Fact Sheet shall be considered interrogatory responses pursuant to Federal Rules of Civil Procedure 33 and 34, and will be governed by the standards applicable to written discovery under Federal Rules of Civil Procedure 26 through 37.

You must supplement your responses if you learn that they are incomplete or incorrect in any material respect. Should you need to correct or supplement any response made here, please contact your attorneys, and they will assist you in doing so.

I. CASE INFORMATION

A. Name of person who received C-QUR™ Mesh: _____

_____

B. Name of Plaintiff (if different from above): _____

_____

C. Provide the following information for the lawsuit that has been filed:

1. Case caption:_____

_____

2. Civil action number:_____

3. Court where case was originally filed or would have been filed absent direct filing into this MDL: _____

_____

D. If the person completing this Fact Sheet is doing so in a representative capacity (*e.g.*, on behalf of the estate of a deceased person, or on behalf of a minor), please provide the following (**otherwise skip to Section II**):

1. Your current address:_____

_____

2. State in what capacity you are representing the individual or estate (for example, as executor, as personal representative, etc.):

_____

3. If you were appointed as a representative by a court, then state:

a. Court that appointed you: _____

_____

b. Date of appointment:_____

4. If you represent a decedent's estate, then state:

a. Decedent's date of death:_____

b. Home address of decedent at time of death:_____

_____

c. Your relationship to the deceased or represented person:_____

d. If you represent a decedent, please attach a copy of the decedent's death certificate and autopsy report.

E. Name, address, telephone number, fax number and email address of principal attorney representing you:

Name:_____

Firm: _____

Address:_____

Telephone Number:_____Fax Number:_____

E-mail Address:_____

THE REST OF THIS FACT SHEET REQUESTS INFORMATION ABOUT THE PERSON WHO RECEIVED THE C-QUR™ MESH PRODUCT. Those questions using the term "You" refer to the person who received the C-QUR™ Mesh Product. Therefore, if you are completing this questionnaire in a representative capacity, please respond to the remaining questions as if they are asking about the person who received the C-QUR™ Mesh Product. If the individual is deceased, please respond as of the time immediately prior to his or her death unless a different time period is specified.

II. PERSONAL INFORMATION

A. Prefix (Mr., Ms., Rev., Dr., etc.): _____ / First name: _____

Last name: _____ / Suffix (Sr., Jr., etc.): _____

Middle name: _____

Maiden name (if any): _____

B. Other names by which you have been known (from prior marriages or otherwise): _____

_____

C. Male _____ Female _____

D. Social Security number: _____

E. Date and place of birth: _____

F. Present home address:_____

_____

1. How long have you lived at this address? _____

_____

2. Identify family members who currently reside with you:_____

_____

_____

G. Identify each prior home address where you have lived during the last ten (10) years:

Prior Address	Dates You Lived At This Address

H. Are you currently married? Yes_____ No_____

If Yes, please provide:

1. Spouse's name: _____

2. Spouse's date of birth: _____

3. Spouse's occupation: _____
_____

4. Date of marriage: _____

5. Were you married before this:

Yes _____ No_____

If Yes, please tell us:

i. Spouse's name:_____

ii. Approximate dates of the marriage: _____

iii. Result of the marriage: _____

I. Identify all schools you attended, starting with high school:

Name of School	Address	Dates of Attendance	Degree Awarded	Major or Primary Field

J. Please provide the following information for your employment history over the past ten (10) years:

Employer/Company	Address	Occupation/ Job Title	Dates of Employment

K. Have you ever missed work for more than ten (10) consecutive days for reasons related to your health? Yes _____ No_____

If no, skip to Part II.L., below.
If yes:

1. Provide the dates of your absence from work: _____
_____

2. Identify by name and address your employer at that time: _____
_____
_____

3. Describe the health condition that prevented you from working, including whether/how the condition resolved such that you were allowed to return to work:
_____
_____
_____
_____
_____

L. Have you ever served in any branch of the military? Yes _____ No_____

If no, skip to Part II.M, below.
If yes:

1. Branch and dates of service:_____

2. If Yes, were you ever discharged for any reason relating to your medical, physical, or psychiatric condition?_____

3. If Yes, state what that condition was:_____
_____

M. Have you ever been rejected from military service for any reason relating to your health or physical condition? Yes _____ No_____

If no, skip to Part II.N, below.
If yes:

1. Describe the reason(s) you were rejected from military service. _____
_____
_____
_____

N. Have you ever been convicted of, or pled guilty to, a felony and/or crime of fraud or dishonesty? Yes _____ No_____

If no, skip to Part III, below.
If yes:

1. Please set forth where, when and the felony and/or crime. _____

_____

_____

_____

III. CLAIM INFORMATION

A. Did you receive a C-QUR™ Mesh Product? Yes _____ No_____

I Don't Know _____

If no, state what product you did receive that you claim injured you, and answer all subsequent questions as if they referred to that product rather than to a C-QUR™ Mesh Product.

If yes, or if you do not know for sure whether you received a C-QUR™ Mesh Product, please give the following information for each C-QUR™ Mesh Product you received or believe you may have received (attach additional sheets as necessary):

1. The date the C-QUR™ Mesh Product was implanted in you: _____

2. Provide the size, product code or model number, and lot number of the C-QUR™ Mesh Product you received (NOTE that a traceability label that clearly identifies the product code and lot number usually accompanies any C-QUR™ Mesh Product and will be affixed to your surgeon's "Op Report" or surgical notes): _____

   _____

   _____

3. Describe the medical condition for which you received the C-QUR™ Mesh Product: _____

   _____

   _____

   _____

4. Identify who diagnosed you with that medical condition: _____

   _____

   _____

5. Identify the doctor and hospital or other facility that implanted the C-QUR™ Mesh Product: _____

   _____

   _____

   _____

6. Prior to implantation, were you given any written or verbal warnings, instructions, or other information regarding the C-QUR™ Mesh Product and/or potential complications of your surgery? Yes _____ No_____ I Don't Know_____

If yes:

a. Provide the date you received the warnings, instructions, or other information:_____

b. Identify by name and address the person(s) who provided the warnings, instructions, or other information: _____

c. What warnings, instructions, or other information did you receive?

d. If you received written warnings, instructions, or other information, including but not limited to any type of consent form that you signed before your surgery, do you possess a copy of said warnings, instructions, or other information? _____

7. Was the C-QUR™ Mesh Product that you received explanted or removed in whole or in part? Yes _____ No_____ I Don't Know _____

If no, skip to Part III.A.8., below.
If yes:

a. Did a medical doctor advise you to have the C-QUR™ Mesh Product or any part of it removed prior to the actual explant?
Yes _____ No_____ I Don't Know _____

If yes:

i. Provide the date that any doctor advised you to have the C-QUR™ Mesh Product or any part of it removed: _____

ii. What reason did the doctor give for his/her recommendation that the C-QUR™ Mesh Product be removed? _____

iii. Identify by name and address the doctor who advised you to have the C-QUR™ Mesh Product or any part of it removed:_____

_____
_____
_____
_____

b. If **NO DOCTOR ADVISED** that you have the C-QUR™ Mesh Product removed prior to the removal procedure, explain why you had the C-QUR™ Mesh Product or any part of it removed: _____
_____
_____
_____
_____
_____
_____

c. Provide the date(s) the C-QUR™ Mesh Product or any part of it was removed: _____
_____
_____

d. Identify by name and address the doctor, hospital, or other facility that explanted or removed any part of the C-QUR™ Mesh Product:_____
_____
_____
_____
_____
_____

e. Do you know where your explanted C-QUR™ Mesh Product currently is: Yes _____ No_____

If yes:

i. Please identify who is in possession of your explanted C-QUR™ Mesh Product: _____
_____

If No:

i. Do you know whether your C-QUR™ Mesh Product was destroyed? Yes _____ No_____ I Don't Know _____

If Yes, please tell us how you know and who destroyed it: ___
_____
_____

f. Has the explanted C-QUR™ Mesh Product or other material been returned to Atrium Medical Corporation?

Yes _____ No_____ I Don't Know _____

If yes:

i. Provide the date the C-QUR™ Mesh Product or other materials were returned: _____

_____

ii. Identify by name and address the person(s) who returned the explanted C-QUR™ Mesh Product or other materials:

_____

_____

_____

_____

iii. Identify by name and address the person(s) who received the explanted C-QUR™ Mesh Product or other materials:

_____

_____

_____

_____

8. **IF YOUR C-QUR™ MESH PRODUCT HAS <u>NOT</u> BEEN EXPLANTED**, please answer the following questions.

a. Has any doctor or other health care practitioner advised you to have the C-QUR™ Mesh Product removed? Yes _____ No _____

If yes:

i. Provide the date that any doctor advised you to have the C-QUR™ Mesh Product or any part of it removed: _____

_____

_____

ii. What reason did the doctor give for his/her recommendation that the C-QUR™ Mesh Product be removed? _____

_____

_____

_____

iii. Identify by name and address the doctor who advised you to have the C-QUR™ Mesh Product or any part of it removed: _____

_____

_____

_____

_____

iv. Why have you not had the C-QUR™ Mesh Product removed?

_____

_____

_____

_____

b. Has any doctor or other health care practitioner advised you not to have the C-QUR™ Mesh Product removed? Yes _____ No _____

If yes:

i. Identify by name and address any doctor or other health care practitioner who has advised you not to have the C-QUR™ Mesh Product removed: _____

_____

_____

_____

ii. Provide the date you were so advised: _____

iii. What reason did the doctor give for his/her recommendation that the C-QUR™ Mesh Product not be removed? _____

_____

_____

_____

_____

_____

_____

c. Do you intend to have the C-QUR™ Mesh Product removed?

Yes _____ No_____ I Don't Know _____

If yes:

i. Provide the approximate date when it will be removed:_____

_____

ii. Identify by name and address the doctor, hospital, or other facility that will perform the explant surgery: _____

_____

_____

_____

B. Do you claim that you suffered physical and/or bodily injury or symptoms resulting from your use of the C-QUR™ Mesh Product? Yes _____ No_____

If no, skip to Part III.C., below.
If yes, provide the following information:

Description of Bodily Injury	**Approx. Date of Onset**	**Approx. Date of Medical Attention**	**Treating Physician and Treatment Rendered**

1. Provide the date that you believed that any of the above bodily injuries were caused by the C-QUR™ Mesh Product that you received: _____

_____

_____

2. Has any doctor attributed the above bodily injuries to your use of or any defect in the C-QUR™ Mesh Product? Yes _____ No_____ I Don't Know _____

If yes:

a. Provide the date that a doctor or other health care practitioner first advised you that these bodily injuries or symptoms were caused by the C-QUR™ Mesh Product that you received: _____

_____

_____

b. Identify by name and address the doctor, hospital, or other facility that attributed these bodily injuries or symptoms to your C-QUR™ Mesh Product: _____

_____

_____

_____

_____

C. Do you claim to have suffered any emotional distress or psychological injuries from your implantation of the C-QUR™ Mesh Product, and any pain and suffering you may have experienced as a result of this implant?

Yes _____ No_____

D. Are you are currently seeing, or have you seen, a psychiatrist, psychologist or any other mental healthcare professional as a result of your implantation of the C-QUR™ Mesh Product.

Yes _____ No_____

If no, skip to Part III.E., below.
If yes:

1. Describe your psychiatric and/or psychological injuries: _____

_____

_____

_____

_____

_____

_____

2. Provide the date(s) that these injuries occurred: _____

_____

3. Provide the date that you believed that these injuries were caused by the C-QUR™ Mesh Product that you received: _____

_____

4. Provide the following information for any doctor, psychiatrist, psychologist, or other mental health professional who has treated you or is now treating and/or advising you about your injuries:

   a. Dates of treatment: _____

   b. Name: _____
   _____

   c. Address: _____
   _____
   _____

5. Has any doctor, psychiatrist, psychologist, or other mental health professional attributed these injuries to the C-QUR™ Mesh Product?

   Yes _____ No_____ I Don't Know _____

   If no, skip to Part III.E., below.
   If yes:

   a. Provide the date that a doctor or other health care practitioner first advised you that these injuries were caused by the C-QUR™ Mesh Product that you received: _____

   b. Identify by name and address the doctor, hospital, or other facility that attributed these injuries to your C-QUR™ Mesh Product: _____
   _____
   _____
   _____

E. Do you claim that you have experienced lost wages or lost earning capacity resulting from your use of the C-QUR™ Mesh Product? Yes _____ No_____

If no, skip to Part III.F., below.
If yes:

1. Identify the employer: _____
_____

2. State the total amount of time which you have lost from work as a result of the injuries you believe were caused by your use of the C-QUR™ Mesh Product:
_____
_____
_____

3. State the total amount of lost income: _____
_____

[Attach additional sheets as necessary to provide the same information for any other lost income or lost earning capacity for any additional employers.]

F. Have you expended any out-of-pocket expenses as a result of your C-QUR™ Mesh Product?

Yes _____ No_____

If yes:

1. Please identify and itemize all out-of-pocket expenses you have incurred:
_____
_____
_____
_____

G. Was any portion of your surgery or any other medical procedures relating to your surgery covered by health insurance, Medicare or Medicaid?

Yes _____ No_____

If yes:

1. Please identify all insured or covered expenses:
_____
_____
_____
_____

H. Has anyone filed a loss of consortium claim in connection with your lawsuit regarding the C-QUR™ Mesh Product? Yes _____ No_____

If no, skip to Part IV, below.
If yes:

1. Identify by name and address the person who filed the loss of consortium claim:

_____

_____

_____

2. State that person's relationship to you: _____

IV. PRIOR CLAIM INFORMATION

A. Have you ever filed a lawsuit other than the present suit, relating to any bodily injury within the past ten (10) years? Yes _____ No_____

If Yes, please explain the nature of the case, where it was filed, and identify your lawyer:

_____

_____

_____

_____

B. Have you applied for workers' compensation, social security, or state or federal disability benefits within the past **ten (10)** years? Yes _____ No_____

If Yes, then as to each application, separately state:

1. Date (or year) of application: _____
2. Type of benefits: _____
3. Nature of claimed injury/disability: _____
4. Period of disability: _____
5. Amount awarded:_____
6. Basis of your claim:_____
7. Was claim denied? Yes _____ No_____
8. To what agency or company did you submit your application:

_____

9. Claim/docket number, if applicable:_____

V. MEDICAL BACKGROUND

A. Provide your current: Age _____ / Height _____ / Weight _____

B. At the time you received the C-QUR™ Mesh Product, please state:
Your age _____ / Your approximate weight _____

C. In chronological fashion, describe any and all prior surgeries BEFORE implantation of the C-QUR™ Mesh Product; identify by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery; and provide the corresponding date(s) or timeframe(s) for each:

Approx. Date	Description of Surgery	Doctor or Healthcare Provider Involved

[Attach additional sheets as necessary to provide the same information for any and all surgeries leading up to implantation of the C-QUR™ Mesh Product.]

D. In chronological fashion, describe any and all surgeries or procedures you have undergone AFTER receiving the C-QUR™ Mesh Product; identify by name and address the doctor(s), hospital(s) or other healthcare provider(s) involved with each surgery or procedure; and provide the corresponding date(s) or timeframe(s) for each:

Approx. Date	Description of Surgery	Doctor or Healthcare Provider Involved

[Attach additional sheets as necessary to provide the same information for any and all surgeries subsequent to implantation of the C-QUR™ Mesh Product.]

E. To the extent not already provided in the charts at Part V.C. and Part V.D., above, provide the name, address, and telephone number of every doctor, hospital, or other health care provider from which you have received medical advice and/or treatment for the past ten (10) years, with the exception of psychiatrists, psychologists, or mental healthcare professionals:

Name and Specialty	Address	Approx. Dates/Years of Visits

F. To the best of your knowledge, have you ever been told by a doctor or any other health care provider, that you have suffered, may have suffered, or presently do suffer from any of the following:

1.	Hernias (other than the one you had repaired with the C-QUR™ Mesh Product)	Yes _____ No _____
2.	Recurrent Hernia(s)	Yes _____ No _____
3.	Recurrent or Chronic Infections	Yes _____ No _____
	Specify location and nature of infection: _____	
4.	Fistulas	Yes _____ No _____
5.	Adhesions	Yes _____ No _____
6.	Bowel Obstruction	Yes _____ No _____
7.	Bowel Perforation	Yes _____ No _____
8.	Peritonitis/Sepsis	Yes _____ No _____
9.	Malnutrition	Yes _____ No _____
10.	Anemia	Yes _____ No _____
11.	Chronic Obstructive Pulmonary Disease (COPD)	Yes _____ No _____
12.	Emphysema	Yes _____ No _____
13.	Connective Tissue Disorder	Yes _____ No _____
14.	Collagen Disorder	Yes _____ No _____
15.	Aneurysm	Yes _____ No _____
16.	Muscle or Muscle-Wasting Disorder	Yes _____ No _____
	Specify condition:	
17.	Hypertension or high blood pressure	Yes _____ No _____
18.	Hypotension or low blood pressure	Yes _____ No _____
19.	Obesity	Yes _____ No _____
20.	Heart Attack or Congestive Heart Failure	Yes _____ No _____

21. Stroke Yes _____ No _____

22. Diabetes Yes _____ No _____

23. Thyroid dysfunction Yes _____ No _____

24. Crohn's disease Yes _____ No _____

25. Irritable bowel syndrome Yes _____ No _____

26. Diverticulitis Yes _____ No _____

27. Any other disease of the gut, intestines, or bowel Yes _____ No _____

Specify condition:_____

28. Neuromuscular disease or disorder Yes _____ No _____

Specify condition:_____

29. Immune system disease or dysfunction Yes _____ No _____

If yes, specify:_____

30. Any alcohol or chemical dependency addiction Yes _____ No _____

If yes, specify: _____

31. Any history of tobacco use Yes _____ No _____

If yes, specify type (cigarettes, cigars, chewing tobacco), frequency, when started and when quit, if applicable: _____

If you responded "yes" to any of the above, for each condition, please provide the following information, attaching additional sheets as needed:

i. Condition: _____

1. Date of onset: _____

2. Date of diagnosis: _____

3. Person making diagnosis: _____

_____

4. Type of treatment (including but not limited to medication amount and/or dosage): _____

_____

_____

_____

G. To the extent not previously disclosed in response to Part V.F., above, list each prescription medication you have taken regularly for the past ten (10) years. Please include the reason you took the medication, and the dosage.

Medication	**Dosage**	**Reason for Medication**

VI. INSURANCE INFORMATION

A. Provide the following information for any past or present medical insurance coverage within the last ten (10) years:

Name of Insurance Company	Policy Number	Name of Policy Holder/Insured (if different than you)	Approx. Dates of Coverage

B. Have you ever been denied life insurance for reasons relating to your health?

Yes _____ No_____ I Don't Know _____

If Yes, please state when the denial occurred, the name of the life insurance company, and the company's reason for denial: _____

_____

_____

VII. COMMUNICATIONS WITH DEFENDANTS

A. Have you or anyone acting on your behalf that you are aware of, other than your attorney, ever communicated directly with Atrium Medical Corporation or Maquet Cardiovascular US Sales, LLC in any way concerning the C-QUR™ Mesh Product?

Yes _____ No_____ I Don't Know _____

If no, skip to Part VII.B., below.
If yes:

1. Provide the date of any communication: _____

2. Identify by name and address the person making the communication: _____

_____

_____

3. Identify by name and address the person with whom you (or anyone else) communicated at Atrium Medical Corporation or Maquet Cardiovascular US Sales, LLC: _____

_____

_____

4. Describe the method of communication (e.g., telephone, letter, e-mail, etc.): _____
_____
_____

5. Describe the substance of the communication: _____
_____
_____
_____

B. Have you or anyone acting on your behalf, that you are aware of, other than your attorney ever received a communication directly from Atrium Medical Corporation or Maquet Cardiovascular US Sales, LLC in any way concerning the C-QUR™ Mesh?

Yes _____ No_____ I Don't Know _____

If no, skip to Part VIII, below.
If yes:

1. Provide the date of any communication: _____

2. Identify by name and address the person with Atrium Medical Corporation or Maquet Cardiovascular US Sales, LLC making the communication: _____
_____
_____

3. Identify by name and address the person to whom the communication from Atrium Medical Corporation or Maquet Cardiovascular US Sales, LLC was directed: ____
_____
_____

4. Describe the method of communication (*e.g.*, telephone, letter, e-mail, etc.):
_____
_____

5. Describe the substance of the communication from Atrium Medical Corporation or Maquet Cardiovascular US Sales, LLC: _____
_____
_____
_____

VIII. INJURIES/DAMAGES

A. Are you claiming any injury as a result of your use of the C-QUR™ Mesh Product?

Yes _____ No_____

If Yes:

1. Please describe in detail your physical injury(ies) you claim were caused as result of your use of C-QUR™ Mesh Product:

_____

_____

_____

_____

_____

_____

_____

_____

IX. POTENTIAL WITNESSES

A. Please identify all persons who you believe possess information concerning your injury(ies) and current medical conditions, other than your healthcare providers, and please state their name address and his/her/their relationship to you (Attach Additional Sheets if Necessary):

Name:_____

Address:_____

_____

Relationship to you: _____

Name:_____

Address:_____

_____

Relationship to you: _____

Name: _____

Address:_____

_____

Relationship to you:_____

X. AUTHORIZATIONS FOR RECORDS & DOCUMENT PRODUCTION

A. **AUTHORIZATIONS.**

NOTE: Please sign and attach to this Fact Sheet the authorization for the release of records appended hereto.

B. **DOCUMENTS**. State whether you have any of the following documents in your possession, custody, and/or control. If you do, please provide a true and correct copy of any such documents with this completed Fact Sheet.

1. If you were appointed by a court to represent the plaintiff in this lawsuit, produce any documents demonstrating your appointment as such.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

2. If you represent the estate of a deceased person in this lawsuit, produce a copy of the decedent's death certificate.

i. Not Applicable _____

ii. The documents are attached _____ [OR] I have no documents _____

3. Produce all documents in your possession, custody or control concerning any occasion on which you saw a doctor or other health care provider regarding any injury or physical or psychological complaint for which you claim compensation in this lawsuit, including but not limited to all medical reports and records; psychological assessments and records; and laboratory findings and reports.

i. The documents are attached _____ [OR] I have no documents _____

4. Produce all medical and hospital bills or receipts, and documents in your possession, custody or control reflecting any and all payments made for same, including, but not limited to, any hospital and health care professional bills incurred because of the injuries you allege you have incurred as a result of your use of the C-QUR™ Mesh.

i. The documents are attached _____ [OR] I have no documents _____

5. Produce any communications in your possession, custody or control, excluding communications with your lawyers, concerning the C-QUR™ Mesh, including but not limited to e-mails, blogs, newsletters, etc.

i. The documents are attached _____ [OR] I have no documents _____

i.

6. Produce any notes, diaries, or other documents evidencing your physical or mental condition, including but not limited to the injuries for which you claim relief in this lawsuit.

i. The documents are attached _____ [OR] I have no documents _____

7. Produce any C-QUR™ Mesh packaging, labeling, advertising, or any other C-QUR™ Mesh-related items in your possession, custody or control.

i. The documents are attached _____ [OR] I have no documents _____

8. Produce all documents in your possession, custody or control evidencing or relating to any correspondence or communication between Atrium Medical Corporation and any of your doctors, healthcare providers, and/or you relating to the C-QUR™ Mesh.

i. The documents are attached _____ [OR] I have no documents _____

9. Produce any and all documents in your possession, custody or control relating to the recall of the C-QUR™ Mesh that you received and/or reviewed at any time prior to filing this lawsuit.

i. The documents are attached _____ [OR] I have no documents _____

10. Produce any and all documents in your possession, custody or control reflecting, describing, or in any way relating to any instructions or warnings you received prior to implantation of the C-QUR™ Mesh concerning the risks and/or benefits of your hernia repair surgery, including but not limited to any risks and/or benefits associated with the C-QUR™ Mesh.

i. The documents are attached _____ [OR] I have no documents _____

11. Produce any and all documents reflecting the size, model number, and lot number of the C-QUR™ Mesh you received.

i. The documents are attached _____ [OR] I have no documents _____

12. If you underwent surgery to explant in whole or in part the C-QUR™ Mesh that you received, produce any and all documents in your possession, custody or control relating to any evaluation of the C-QUR™ Mesh and any other material that was(were) surgically removed from you.

i. The documents are attached _____ [OR] I have no documents _____

13. Produce all documents in your possession, custody or control relating to any and all workers compensation claims made by you.

i. The documents are attached _____ [OR] I have no documents _____

14. Produce all documents in your possession, custody or control relating to any bankruptcy matters to which you were a party.

i. The documents are attached _____ [OR] I have no documents _____

SWORN DECLARATION

Plaintiff, _____, deposes and states as follows:

I declare under penalty of perjury that all of the information provided in this Fact Sheet is true and correct to the best of my knowledge, information and belief; I have supplied all the documents requested in Part X of this Fact Sheet to the extent that such documents are in my possession, custody, or control; and I have supplied the records authorizations requested in and attached to this Fact Sheet.

Dated: _____ _____

Signature

Appendix A

(Authorization Forms)